



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CA 90012



**MARK J. SALADINO**

TREASURER AND TAX COLLECTOR

July 31, 2012

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

18 July 31, 2012

*Sachi A. Hamai*

SACHI A. HAMAI  
EXECUTIVE OFFICER

**DEPARTMENT OF TREASURER AND TAX COLLECTOR  
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT  
(ALL DISTRICTS AFFECTED)  
(3 VOTES)**

**SUBJECT**

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

**IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12580245 in amount of \$4,817.85
2. Account Number 12609287 in amount of \$4,799.83
3. Account Number 12338291 in amount of \$16,226.57
4. Account Number 11345164 in amount of \$4,784.18
5. Account Number 12413647 in amount of \$5,000.00
6. Account Number 12580664 in amount of \$8,000.00

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

**Implementation of Strategic Plan Goals**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

**Strategic Asset Management Principles Compliance**

Not applicable.

**FISCAL IMPACT/FINANCING**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

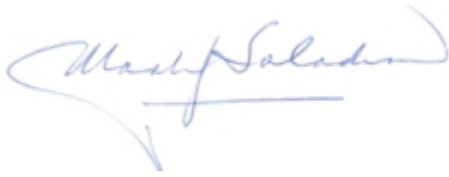
No impact

The Honorable Board of Supervisors

7/31/2012

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Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino". The signature is stylized with a large, sweeping initial "M" and a horizontal line extending from the end of the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer  
Auditor-Controller  
County Counsel

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.118A

Amount of Aid	\$48,656.00	Account Number	12580245
Amount Paid	0.00	Name	Adult Male
Balance Due	48,656.00	Service Date	09/10/11 thru 09/18/11
Compromise Amount Offered	4,817.85	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,838.15	Service Type	Inpatient

## JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$48,656.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	546.46	546.46	3.64%
County of Los Angeles	48,656.00	4,817.85	32.12%
Net to Client	N/A	4,635.69	30.91%
<b>Total</b>	<b>\$54,202.46</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 118B

Amount of Aid	\$117,626.00	Account Number	12609287
Amount Paid	0.00	Name	Adult Male
Balance Due	117,626.00	Service Date	10/19/11 thru 01/03/12
Compromise Amount Offered	4,799.83	Facility	LAC USC Medical Center
Amount to be Written Off	\$112,826.17	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$117,626.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	600.51	600.51	4.00%
County of Los Angeles	117,626.00	4,799.83	32.00%
Net to Client	NA	4,599.66	30.67%
<b>Total</b>	<b>\$123,226.51</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.118C

Amount of Aid	\$45,327.00	Account Number	12338291
Amount Paid	0.00	Name	Adult Female
Balance Due	45,327.00	Service Date	09/17/09 thru 07/26/10
Compromise Amount Offered	16,226.57	Facility	LAC USC Medical Center
Amount to be Written Off	\$29,100.43	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$45,327.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$57,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$23,000.00	\$23,000.00	40.00%
Attorney Cost	928.57	928.57	1.62%
White Memorial Hospital	3,198.31	1,013.41	1.76%
Michael D. Smith, M.D.	1,298.00	405.31	0.71%
Huntington Park Health	825.00	253.95	0.44%
Care Ambulance	1,007.00	756.00	1.31%
JJ & R Emergency	936.00	468.00	0.81%
Radiology Medical Group	84.00	63.00	0.11%
County of Los Angeles	45,327.00	16,226.57	28.22%
Net to Client	N/A	14,385.19	25.02%
<b>Total</b>	<b>\$76,603.88</b>	<b>\$57,500.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her family. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 118D

Amount of Aid	\$21,314.00	Account Number	11345164
Amount Paid	0.00	Name	Adult Female
Balance Due	21,314.00	Service Date	09/27/06 thru 12/29/06
Compromise Amount Offered	4,784.18	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,529.82	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$21,314.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	227.00	227.00	1.51%
Los Angeles City Fire Department	961.50	215.82	1.44%
County of Los Angeles	21,314.00	4,784.18	31.89%
Net to Client	N/A	4,773.00	31.83%
<b>Total</b>	<b>\$27,502.50</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her spouse with a marginal income. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 118E

Amount of Aid	\$77,325.00	Account Number	12413647
Amount Paid	0.00	Name	Adult Male
Balance Due	77,325.00	Service Date	11/08/10 thru 12/30/10
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$72,325.00	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$77,325.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	117.92	117.92	0.79%
County of Los Angeles	77,325.00	5,000.00	33.33%
Net to Client	N/A	4,882.08	32.55%
<b>Total</b>	<b>\$82,442.92</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 118F

Amount of Aid	\$24,328.00	Account Number	12580664
Amount Paid	0.00	Name	Adult Male
Balance Due	24,328.00	Service Date	10/20/11 thru 10/24/11
Compromise Amount Offered	8,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,328.00	Service Type	Inpatient

## JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$24,328.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	20.00%
Attorney Cost	8,089.65	8,089.65	16.18%
City of Los Angeles Fire Department	1,451.75	800.00	1.60%
Rajan Patel, M.D.	35,000.00	15,000.00	30.00%
Beverly Radiology	395.00	100.00	0.20%
County of Los Angeles	24,328.00	8,000.00	16.00%
Net to Client	N/A	8,010.35	16.02%
<b>Total</b>	<b>\$79,264.40</b>	<b>\$50,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.